

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

Serial No. **097980444**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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49							99					
50							100					
TOTAL D.							TOTAL IND.					
TOTAL D.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					

BEST AVAILABLE COPY

claims		date	
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